



U.S. Department of State

Bureau of Human Resources/Office of Retirement

REQUEST FOR CHANGE OF CORRESPONDENCE ADDRESS/E-MAIL ADDRESS

Name <i>(Last, First, MI.)</i>	Social Security Number
New Address Information	
Street Address	_____

City, State, ZIP Code	_____
Telephone Number	_____
E-mail Address	_____
Old Address Information	
Old Street Address	_____

City, State, ZIP Code	_____
Signature	_____
Date <i>(mm-dd-yyyy)</i>	_____
<p>PLEASE RETURN THIS FORM TO: Bureau of Human Resources Office of Retirement - Room H620 SA-1 Washington, D.C. 20522-0108</p>	